Department of Health Services Toxic Substances Control Division Sacramento, California

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A	WASTE MANIFEST CADO 8 6 5 1 0 0 0 5 0 10	Manifest ument No. In In In	of	1	is not law.	requi	the shaded areas red by Federal		
П	3. Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie Ave. 4. Generator's Phone (212, 522, 6677 Torrance, CA 90502			ate Manife 2 ate Gener	342	79	umber IO-36-005698		
	20101210 (E 13 333=0077	La-	CA	<u>n_0_8</u>	<u>65</u>	<u>10</u>	<u>N N S Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y </u>		
		per pres 17		ite Transp insporter		STANDER STANDS	1721		
	7. Transporter 2 Company Name 8. US EPA ID Num	DD/ ber		ite Transp			268-3137		
		111	TO DESCRIPTION OF THE PARTY OF	insporter'					
	9. Designated Facility Name and Site Address Chem-Teck Systems, Inc. 3650 E. 26th St. 10. US EPAID Number CA D 0 800 0 3 3 6 8 1 H. Facility's Phone								
	Los Angeles, CA 90023 ΓΑΤΡΒΡΡββ	ββi	21:	3 268-	3137				
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a.	12. Con No.	tainers Type	1: To Qua	3. tal	14. Unit Wt/Vol	I. Waste No.		
G E N	Hazardous Waste Liquid NOS ORM-E NA9189	001	TT	0500)	G	221		
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1	J. Additional Descriptions for Materials Listed Above		K Han	dling Cod	es for V	Jastes I	isted Above		
Alkaline Soap 5%							isiou Above		
П	Grease 2%								
	011 3%)			
Water 90% 15. Special Handling Instructions and Additional information Guide #31									
Н	Use gloves, goggles, respirator - Docomotogocomeancope	ockhao	eoor	ximbal	8060	005CX			
П	If rejected return to DAC.								
lt	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are full	ly and accu	irately c	lescribed	above b	У			
П	proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.								
П	Unless I am a small quantity generator who has been exempted by statute or regulation	from the	duty to	make a	waste n	ninimiza	tion certification		
П	under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the have determined to be economically practicable and I have selected the method of treatments.	ie volume nent, stora	and tox	cicity of widisposal of	aste ge currently	enerated / availat	to the degree I le to me which		
H	minimizes the present and future threat to human health and the environment. Printed/Typed Name Signature	1011	4)						
	Donald C. Gerber sb	$-\chi_{1}$	1/				fonth Day Year I.L.I.⊆.⊊./		
T R	17. Transporter 1 Acknowledgement of Receipt of Materials	-4\\\	A section	1			Electricity Charles		
R A N	Printed/Typed Name Signature Signature	Charles,	6 - A			- A	onth Day Year		
SP	thill-ballers strum Heller	40	W	and the same	coordin.	1	1-4-1-10-6		
	18. Transporter 2 Acknowledgement of Receipt of Materials								
ORTER	Printed/Typed Name Signature					A	fonth Day Year		
<u> </u>	19. Discrepancy Indication Space								
F	16. Discrepancy more among space								
FACIL									
1									
I	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this	manifest	except	as noted	in Item	19.			
1	Printed/Typed Name Signature	THAN	W) <i>Ao</i>	,	N	onth Day Year		
	MIKIVIED TEKEZ I IFITCE U	MMM	11.7				161/1/8/6		
HS	8022 A (11/85) YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITH	N 30 DA	YS	D					

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24721-70347 Department of Health Services
Toxic Substances Control Division State of Galifornia—Health and Welfare Agency 2-PP-11 STEAM SI Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Sacramento, California UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest Information in the shaded areas is not required by Federal 2. Page 1 Document No. WASTE MANIFEST 1 of <u>ninininin</u> 3. Generator's Name and Mailing Address A. State Manifest Document Number Douglas Aircraft Co. 190th & Normandie Ave. B. State Generator's ID HA-HO-36-005698 Torrance. CA 90502 Generator's Phone (213 533-66 0 n n n ϵ 5. Transporter 1 Company Name 6. US EPA ID Number C. State Transporter's ID C. Liquid Naste Disposa
 Transporter 2 Company Name D. Transporter's Phone <u>|5 |8 |0 |1 |0 |3 |6</u> E. State Transporter's ID 213 268-3137 US EPA ID Number F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID Chem-Teck Systems, Inc. AD0 800 3650 E. 26th St. H. Facility's Phone Los Angeles, CA 90023 268-3137 12. Containers 13. 14. Unit Wt/Vol 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Waste No. No. Type a. G Hazardous Waste Liquid NOS ORM-E NA9189 001 05000 G 221 TT b. C. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Alkaline Soap Grease 2% 011 3% Water 90% 15. Special Handling Instructions and Additional information Guide #31 Use gloves, goggles, respirator - Doonotogooneancopency()ameconotohadectumesco If rejected return to DAC. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name Signature Month Day Year Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Year Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year

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